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APPLICANTS

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**** CONTINUING DATA ********None, R.R.***** FOREIGN APPLICATIONS ********None, R.R.***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 9	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Signature _____ Initials _____					

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TITLE

Commode safety frame

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